

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		4/27/99
O.I.P.E. CLASSIFIER		10	4-29-99
FORMALITY REVIEW		71422	6-7-99
		71622	7-19-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	10/24/00
1	10/24/00
2	10/24/00
3	10/24/00
4	10/24/00
5	10/24/00
6	10/24/00
7	10/24/00
8	10/24/00
9	10/24/00
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41	10/24/00
42	10/24/00
43	10/24/00
44	10/24/00
45	10/24/00
46	10/24/00
47	10/24/00
48	10/24/00
49	10/24/00
50	10/24/00

Claim	Date
Final	
Original	10/24/00
51	10/24/00
52	10/24/00
53	10/24/00
54	10/24/00
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56	10/24/00
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94	10/24/00
95	10/24/00
96	10/24/00
97	10/24/00
98	10/24/00
99	10/24/00
100	10/24/00

Claim	Date
Final	
Original	10/24/00
101	10/24/00
102	10/24/00
103	10/24/00
104	10/24/00
105	10/24/00
106	10/24/00
107	10/24/00
108	10/24/00
109	10/24/00
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141	10/24/00
142	10/24/00
143	10/24/00
144	10/24/00
145	10/24/00
146	10/24/00
147	10/24/00
148	10/24/00
149	10/24/00
150	10/24/00

If more than 150 claims or 10 actions
staple additional sheet here

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